

What is Medicaid?

*A
guide
to
medical
assistance
for
low-income
people*



Idaho Department
of Health and Welfare

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WHAT IS MEDICAID?

In Idaho, medical assistance is known as Medicaid. Medicaid helps low-income people by paying for health care if they meet certain requirements.

Medicaid and Medicare are often confused. Medicaid receives state and federal funding to pay for health care for certain groups of low-income people or for children with serious health disabilities. In Idaho, the Department of Health and Welfare manages the Medicaid program under federal regulations.

Medicare provides health coverage for people age 65 and over, younger people receiving Social Security disability benefits, and people who need dialysis or kidney transplants for treatment of end-stage kidney disease. Medicare is a federal program. If you have questions about Medicare, contact your local Social Security office.

The State does not control or influence Medicare. However, the State's Medicaid program pays Medicare Part B premiums for people who qualify for both Medicare and Medicaid.

Medicaid may pay Medicare Part A premiums for people who are "Qualified Medicare Beneficiaries," based on their income. People in this group receive only those services covered by Medicare. They are not eligible for additional services under the State Medicaid Plan.

Please use this booklet as a guide to help explain some of the current services offered by Medicaid. This booklet is provided for informational purposes only and information contained herein is subject to change. The official text of all Department rules is published in the Idaho Administrative Code, and changes are published in the Idaho Administrative Bulletin.

WHERE TO APPLY IN IDAHO

Local offices of Health and Welfare take applications for Medicaid. They also manage other types of public assistance, including Food Stamps, Temporary Assistance for Families in Idaho, and Aid to the Aged, Blind, and Disabled. Telephone numbers for these local offices are listed in the back of this booklet.

If you apply for medical or financial assistance, you will work with either an Eligibility Examiner or a Self-Reliance Specialist to find out what help is available. You may request an application in person or by telephone, but your application must be submitted in writing. A friend or relative may help you apply. Parents may apply for children. If you do not speak English, you may ask for a translator.

There are several ways to become eligible for Medicaid. If you have questions about who is eligible, ask for more information at your local Health and Welfare eligibility office. Cities and telephone numbers are listed in the back of this booklet.

OTHER OFFICES

In addition to your Eligibility Examiner or Self-Reliance Specialist, you may need to work with the Regional Medicaid Unit, the Regional ACCESS Unit, the Regional Mental Health Authority, or your local Healthy Connections Representative. For example, your Regional Medicaid Unit must approve some services in advance so Medicaid can pay the bill and they must approve personal care services. The Regional ACCESS Units authorize specialized services to individuals with developmental disabilities. Other examples are given throughout this booklet.

You will find the addresses and telephone numbers of these other Health and Welfare offices in the back of this booklet.

YOUR MEDICAL IDENTIFICATION CARD

Once you are eligible for Medicaid, you will receive a permanent plastic Medicaid card. This card will list only your name, Medicaid identification number, and a card number. On the back, there will be a magnetic strip that will tell your health-care provider any other information, such as your eligibility and whether you are enrolled in Healthy Connections.

Carry this card with you so that you can show it every time you request health services. You must show this card when you go to a medical or dental appointment. If you do not take your card to your appointment, your provider may reschedule your appointment or require you to pay the bill.

If you lose this card, contact your local Health and Welfare office. Do not let others use your card. If you “lend” your card to another person, you could be subject to criminal penalties.

OTHER MEDICAL INSURANCE

If you have private insurance or Medicare, it must be used before Medicaid. You must tell your local Health and Welfare office if you or your spouse has medical insurance for anyone listed on your Medicaid card. Private insurance, Medicare, and any other responsible parties must pay their share of your medical bills first. After that, Medicaid will decide how much to pay.

You may be required to enroll yourself or your children in any other insurance that is available to you if you are not enrolled already. If insurance is available, you must enroll in that insurance plan if it would cost Medicaid less to pay for your insurance than it would cost to pay your medical bills.

If you get money for medical care, you must turn it over to Health and Welfare, if Medicaid is paying for that care. You also must cooperate to help the State collect payments for medical care from

another insurance plan or responsible party. Your eligibility could be affected if you knowingly withhold information or refuse to comply.

HEALTHY CONNECTIONS

Healthy Connections is a Medicaid program to help you get the health care you need, when you need it. When you get the right care at the right time, more serious health problems can be prevented. This also helps limit the cost of medical care.

When you join Healthy Connections, you team up with one doctor or clinic. This doctor or other licensed prescriber (*other licensed prescriber* is defined as certified nurse practitioner, physician assistant, or advanced practice nurse) or clinic will guide your medical care and refer you to other health care providers if special services are needed.

Healthy Connections will not change the amount and type of service you receive under Medicaid, but it does affect where you go for services. In most cases, you must contact your Healthy Connections provider to get the help you need or to find out who to see for special services. If a referral is needed for a service you receive, you must obtain the referral from the physician/clinic prior to receiving the service or you may be responsible for the bill.

Medicaid has someone in your area to help you understand Healthy Connections and answer any questions you may have. The Healthy Connections representative conducts educational training about how the program works and *when you will be responsible for paying your own medical bills*.

You can call the Healthy Connections representative during the business day to ask questions, choose a doctor or other licensed prescriber, enroll in Healthy Connections, or be assisted in resolving issues about your Medicaid benefits. The phone number for the Healthy Connections office in your area is found in the back of this booklet.

PRIOR AUTHORIZATION

Prior authorization is a process for Health and Welfare to approve certain services *in advance*. When this is required, Medicaid will not pay for the service if it was not approved ahead of time. If prior authorization is required and you do not receive it, you may be responsible for the bill.

Services that require prior authorization include:

- Personal Care Services;
- Non-emergency medical transportation (if over 20 miles round trip);
- Certain inpatient and outpatient hospital stays or medical procedures;
- Surgical procedures for weight loss for morbidly obese patients;
- Rehabilitation services for the mentally ill;
- Home and Community Based Waiver Services;
- Case management (service coordination) services;
- Some durable medical equipment and supplies;
- Private duty nursing;
- Out-of-state care in counties that do not border Idaho. In an emergency, you may receive care out of state without advance approval, but the provider must agree to bill Idaho Medicaid; otherwise, you may be responsible for the bill;
- Certain prescription drugs — your pharmacist can advise you.

If you are enrolled in Healthy Connections, you also need a referral from your primary care provider for certain services that are not provided by that provider.

Health-care providers who work with Medicaid are expected to understand the prior authorization process. If you have questions or need approval for services, contact your Regional Medicaid Unit, Regional ACCESS Unit, Regional Mental Health Authority, or Healthy Connections Representative listed in the back of this booklet.

FRAUD, ABUSE, AND MISUSE OF MEDICAID

Health and Welfare has a computer system to monitor how Medicaid is used. When the system shows an unusual pattern of services, the Department will review the situation. As a result, action may be taken to stop a health-care provider or patient from misusing Medicaid. Serious cases may lead to restrictions on your use of the program, or even to prosecution.

If Health and Welfare finds you are misusing your Medicaid card, you may be placed on “lock-in” status. This means that you will be able to see only one doctor or other licensed prescriber and use only one pharmacy. If you are on “lock-in”, Medicaid will not pay for services from other providers, unless your doctor or other licensed prescriber referred you or you had a medical emergency.

WORKING WITH HEALTH-CARE PROVIDERS

Medicaid pays for certain services if they are *medically necessary*. These services are listed on pages 7-21. However, doctors and other health-care providers may or may not accept Medicaid.

Always show your Medicaid card before you receive a health service. Make sure the provider understands you are covered by Medicaid. If you don't, the provider may end up charging *you* for the service. You also may be charged if you break an appointment. Medicaid will not pay (and you may be billed) if you make an appointment and don't keep it.

If doctors, hospitals, pharmacies, and other providers bill Medicaid, they must accept Medicaid's payment as “payment in full”. They cannot ask you to pay part of the bill if Medicaid does not pay the full charge for certain services.

CAREWISE

When you become eligible for Medicaid you will automatically be eligible for CareWise benefits. These benefits include a self-help book

named “Healthy Life Self Care Guide” and a 24-hour toll-free nurse phone line. You should receive a packet with the book and other information in it about 4 to 6 weeks after you are determined eligible. Then, whenever you have any question regarding you or your family’s health, you can look it up in the book or call the nurse phone line for help. The phone line is staffed with Registered Nurses and open 7 days a week, 24 hours a day; and it is free to you!

MEDICAID SERVICES AND LIMITS

Ambulance Service

What Medicaid will pay for:

Medicaid will pay for an ambulance only in an **emergency**, unless you have approval from Emergency Medical Services (EMS). Their telephone number is 1-800-362-7648.

Chiropractic Services

What Medicaid will pay for:

Medicaid will pay for treatment to correct misalignment of the spine (subluxation) shown by an x-ray. The limit Medicaid will pay for is two sessions per month.

What Medicaid will not pay for:

X-rays taken by a chiropractor are not covered by Medicaid. You must pay for the x-ray and any other non-covered services you receive from a chiropractor. X-rays are covered only when provided by a Medicaid-approved provider. Medicaid providers include hospitals, physicians, clinics, rural health clinics, or Federally Qualified Health Clinics.

Dental Services

What Medicaid will pay for:

Medicaid will pay for examinations, repairing and restoring teeth or dentures, relief of pain, and prevention of disease and

decay. All orthodontic care and some other dental work must be preapproved at the Central Office of Health and Welfare in Boise. Your dentist should know how to get approval. You may have to pay for the services if you do not have approval ahead of time.

What Medicaid will not pay for:

Medicaid will not pay for services that are elective or cosmetic. It also does not pay for services that are experimental, educational, or not accepted by the American Dental Association.

If you miss an appointment, let the dentist know at least 24 hours in advance, or as soon as you know you must miss the appointment. Medicaid will not pay for appointments that you don't keep. The dentist may charge you if you don't show up for your appointments.

Developmental Disability Services

What Medicaid will pay for:

Medicaid will pay for specialized services for individuals with developmental disabilities. These services are available through developmental disabilities agencies or participating public school programs and include:

- Developmental therapy;
- Physical therapy;
- Speech therapy;
- Occupational therapy; and
- Psychotherapy.

A Service Coordinator (case manager) is available to people with developmental disabilities who are unable to access and coordinate services on their own.

Medicaid may pay for a number of additional services through a Medicaid waiver program if you have a developmental disability that is serious enough to require placement in an Intermediate Care Facility for People with Mental Retardation (ICF-MR). This program allows individuals to continue living in their community; however,

positions on this waiver are limited, and currently there is a waiting list. You must apply through your Regional ACCESS Unit. (A list of services and providers is available from the Regional ACCESS Unit.)

Doctors (Medical Doctors, Doctors of Osteopathy, Physician Extenders)

What Medicaid will pay for:

- Diagnostic tests.
- Treatment by doctors or physician extenders and other medical services ordered by a doctor or a physician extender.
- Diagnosis, treatment, birth control supplies, and counseling for family planning.
- Most solid organ transplants, such as heart, liver, bone marrow, and kidney (if provided by a Medicare-certified transplant facility). The State's Peer Review Organization (PRO) must approve transplants *in advance*.
- Cornea transplants also are covered. They do not require approval in advance.
- Supplemental nutritional services. Medicaid will cover nutritional supplements if they are ordered by a doctor or licensed prescriber and meet Department criteria. A nutritional assessment and plan must be submitted with the billing to Medicaid.

What Medicaid will not pay for:

- Acupuncture and naturopathic services.
- Biofeedback and laetrile treatments.
- Cosmetic surgery (to improve appearance) or elective medical and surgical treatment (except family planning services as noted).
- Vitamin injections in the doctor's or other licensed prescriber's office that are not needed for a specific diagnosis (and accompanied by a full explanation on the doctor's claim form).
- Routine physical examinations, unless they are part of:
 - ✓ The EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) Health Check program for people under 21;

- ✓ Personal Care Services;
- ✓ Home and Community Based Services;
- ✓ An inpatient stay in a hospital; or
- ✓ An inpatient stay in a nursing facility.
- Lung and heart/lung transplants (except for children).
- New procedures of unproven value.
- Established procedures that have become questionable in current practice.
- Treatment of complications from procedures not covered by Medicaid (unless determined by Medicaid to be life-threatening). For example, Medicaid will not pay for treatment of a minor infection related to cosmetic surgery.
- Specialized services for individuals with developmental disabilities. These services are available through developmental disability agencies or qualifying public educational agencies.

EPSDT Health Check

(Early and Periodic Screening, Diagnosis, and Treatment)

Under special federal provisions, states can provide special screenings, preventative care, and medical services beyond what Medicaid normally covers for children under age 21. This is a program to reduce the care a person may need as an adult by addressing it earlier in life.

What Medicaid will pay for:

EPSDT services are available to Medicaid clients under 21. These services include examinations, diagnosis, and treatment to prevent more serious problems requiring additional health care. EPSDT also may pay for dental care, eye glasses, and hearing aids, with some restrictions. Service coordination is available for children and their families who are unable to access and coordinate services on their own.

EPSDT may allow for some services not always covered by Medicaid. Your doctor, dentist, or other licensed prescriber should know how to request approval from Health and Welfare for these additional services.

What Medicaid will not pay for:

Medicaid will not pay for services that are cosmetic, experimental, educational, vocational, or recreational.

Equipment and Supplies

What Medicaid will pay for:

Medicaid will pay for certain durable medical equipment and supplies if your doctor or other licensed prescriber documents the need. The doctor must:

- Report your medical problem or diagnosis;
- State your current medical condition; and
- Estimate how long you will need the equipment or supplies.

Your doctor or other licensed prescriber must document the amount of medical supplies you will use and give a full description of any equipment you need.

Medicaid may pay to rent medical equipment. Health and Welfare also may decide to buy the equipment. In that case, the State is the legal owner. You must return the equipment when you no longer need it. Call your Regional Medicaid Unit to arrange this.

Wheelchairs

What Medicaid will pay for:

Medicaid will provide the least costly wheelchair to meet your needs. You may receive only one wheelchair (or seating system) in any five-year period. In addition to a physician's order, you must have an evaluation from an occupational or physical therapist to document that the wheelchair is the most appropriate and least costly to meet your needs.

Electric wheelchairs are approved only for people who have a severe upper-body weakness and who cannot reasonably operate any type of manual chair.

Medicaid does pay for wheelchair repairs but limits repair of any single item to once a year.

Wheelchairs or their special seating systems for growing children must be adjustable without completely replacing the wheelchair or the seating system.

What Medicaid will not pay for:

Health and Welfare is not required to repair or replace any piece of durable medical equipment that has been damaged, defaced, lost, or destroyed as a result of neglect, abuse, or misuse. You may face penalties if you abuse medical equipment provided through Medicaid.

Family Planning and Related Services

What Medicaid will pay for:

Medicaid will pay for family planning counseling, prescriptions, and supplies to prevent pregnancy.

Some sterilization services are covered. Medicaid requires certain actions in advance of sterilization. Your doctor, Eligibility Examiner, or Self-Reliance Specialist can tell you what needs to be done to make sure Medicaid will pay for sterilization.

Medicaid will pay for an abortion only in certain situations. If you have questions, call Medicaid Administration at (208) 334-5747.

What Medicaid will not pay for:

Medicaid *will not* pay for sterilization if the patient is under 21 or not capable of giving informed consent. Medicaid will not pay for supplies (such as condoms) to prevent pregnancy which are available without cost to the public through public health programs.

Home Health Services

What Medicaid will pay for:

Medicaid pays for home health services ordered by a doctor or other licensed prescriber. The limit is 100 home health visits per year. Services must be obtained from agencies which are certified as Medicare providers.

Hospice Care

What Medicaid will pay for:

Hospice care is for terminally ill patients. A doctor or other licensed prescriber must verify that the individual is terminally ill before Medicaid will pay for hospice care. In some cases, there may be a client contribution for this service if it is provided in a nursing home.

Hospitals

What Medicaid will pay for:

Medicaid will pay for a semi-private hospital room. Laboratory tests and x-rays are paid if they are ordered by your doctor or other licensed prescriber for diagnosis and treatment.

Medicaid will pay for emergency room visits if you need emergency care. However, there is a limit of six emergency room visits each year. If you use the emergency room more often, you will have to pay for it. The limit does not include any emergency room visit that results in admission to the hospital.

If you are enrolled in Healthy Connections, your physician must approve your emergency room visits except if you have a sudden medical condition that could cause death or permanent damage if not treated immediately or if you are a woman in active labor.

What Medicaid will not pay for:

Certain hospital stays and operations done as an outpatient must be approved *in advance* by the State's Peer Review Organization (PRO). If the service is not determined to be medically necessary, the PRO will give you or a family member notice that your stay in

the hospital will not be covered under Medicaid. If you are admitted to the hospital anyway, or stay in the hospital after you are notified, you may be responsible for the bill. If you stay longer than the number of days allowed by the PRO, you also may have to pay the hospital bill for the days that were not approved. In addition, Medicaid will not pay for inpatient hospital services provided in a freestanding psychiatric hospital to patients over the age of 21.

Medicine (Prescription Drugs)

What Medicaid will pay for:

Most prescription drugs are covered when prescribed by a licensed prescriber. Medicaid also will cover costs for the following non-prescription items:

- Insulin, disposable insulin syringes, and needles
- Most iron tablets
- Prenatal vitamins

The amount of any drug is limited, usually to 34 days. If you take your medicine once a day, you may receive 34 pills. If you take it twice a day, you may receive 68 pills. Some drugs may be supplied for 100 days. The pharmacist can answer questions about specific drugs.

Some drugs must be authorized in advance by the Medicaid pharmacy consultant. Your doctor (or other licensed prescriber) and pharmacist will help you with these drugs.

What Medicaid will not pay for:

Certain drugs are *not* covered by Medicaid.

Medicaid does not pay for drugs unless they are considered medically necessary. Non-covered drugs may include diet pills, nicotine products, drugs for cosmetic reasons, many vitamins, Viagra, and drugs you may purchase over the counter without a prescription from your doctor or other licensed prescriber.

The amount of payment for some drugs is limited, based on the estimated cost of generic versions. Medicaid will pay for brand-name drugs only if they are medically necessary according to your health-care provider. If you insist on receiving a brand-name drug when your doctor or other licensed prescriber did not specify it was medically necessary, you will be responsible for the full cost.

Mental Health Services

What Medicaid will pay for:

Medicaid may pay for psychotherapy and other mental health services. These services must be provided by a physician, a psychiatrist (M.D.), or a mental health or developmental disabilities agency approved by Health and Welfare.

Services are limited to a total of 45 hours of individual and group psychotherapy per calendar year. Diagnosis and evaluation are limited to 12 hours per year. Case management is available for some people with severe mental illness to help them remain in the community.

Other mental health services may be provided in the community if approved in advance by your local Regional Mental Health Authority. In addition, you may be eligible for a case manager to assist you with getting the services you need. The Regional Mental Health Authorities are listed in the back of this booklet.

Nursing Homes and Services

What Medicaid will pay for:

Medicaid will help pay for care in a nursing home if your doctor or other licensed prescriber orders it and Health and Welfare finds that you must have that level of care. Medicaid will pay for nearly all prescription drugs and insulin ordered by your doctor or other licensed prescriber while you are in a nursing home.

What Medicaid will not pay for:

The services of Christian Science nurses or the care and services provided in a Christian Science sanatorium are not covered by Medicaid.

Medicaid does not cover luxury and personal comfort items. These items would include private telephones, cable television in your room, and private rooms (unless medically necessary). Private-duty nursing for people 21 and older is not covered by Medicaid.

Personal Care Services (PCS)

What Medicaid will pay for:

Medicaid will pay for Personal Care Services in your home if your doctor or other licensed prescriber orders it as an alternative to institutional care. People with physical disabilities and the elderly may be eligible. To meet medical needs, PCS may help with basic care and grooming, exercise, medications, light housekeeping, cooking, grocery shopping, and transportation.

If your medical condition requires PCS for **16 hours or less** per week, the service is a regular Medicaid benefit. Anyone who is eligible for Medicaid may apply for personal care services under this plan by contacting their Regional Medicaid Unit.

If your medical condition requires PCS for **more than 16 hours**, then you may be eligible for the Medicaid waiver. Under this waiver program, the cost of your care at home cannot exceed the cost for a nursing home or intermediate care facility. In some cases, you must help pay for your medical expenses. Ask your Eligibility Examiner or Self-Reliance Specialist for details.

Case management also is available for Personal Care clients. Case management helps manage services necessary to help you stay at home. Your Regional Medicaid Unit must approve case management and all personal care services *in advance*.

The Department is currently working with the Federal Government to provide additional in-home services under a home and community-based waiver. Check with your Regional Medicaid Unit for details.

Podiatry (Below the Knees)

What Medicaid will pay for:

Medicaid will pay for treatment of acute problems involving injury or disease occurring below the knees (usually related to feet). In addition, if you have a certain disease such as diabetes, Medicaid may pay for some preventative care that normally would be considered routine foot care.

What Medicaid will not pay for:

Medicaid will not pay for treatment of corns, warts, nails, etc. This usually is considered to be routine foot care.

Pregnancy-Related Services

What Medicaid will pay for:

Prenatal, delivery, and postnatal services are covered for Medicaid eligible individuals.

For individuals covered under the Pregnant Women and Children's Program; only prenatal, delivery, and postnatal services are covered. Medicaid will pay for pregnancy-related and postpartum services for two months after the pregnancy ends. Services for other medical conditions that may complicate the pregnancy also may be covered with some limitations.

Medicaid will also pay for a nurse midwife's services under the same circumstances as above providing the nurse midwife is an RN, certified as a nurse midwife by the Idaho Board of Nursing, and the services rendered are within the realm of a nurse midwife.

Prosthetic and Orthotic Services

What Medicaid will pay for:

Medicaid will pay for prosthetic and orthotic services to replace a portion of the body that is missing, weak, or deformed.

Respiratory Care Services

What Medicaid will pay for:

Medicaid will pay for respiratory care services provided by a home health nurse under a physician's plan of care.

What Medicaid will not pay for:

Medicaid does not cover in-home respiratory care services provided by a respiratory therapist.

Surgical Centers (Ambulatory or Outpatient Surgery Centers)

What Medicaid will pay for:

Medicaid will pay for most services provided by ambulatory surgical centers. Examples include outpatient surgery covered under Medicare. Certain operations require prior authorization. Your doctor or other licensed prescriber will know how to get these authorized.

What Medicaid will not pay for:

Medicaid may *not* pay for surgical services in this setting that generally could have been performed in a doctor's or other licensed prescriber's office.

Therapy

What Medicaid will pay for:

Developmental Therapy

Medicaid will pay for developmental therapy ordered by a doctor or other licensed prescriber. Services must be received from a developmental disabilities agency or a participating public school

program. Services are limited to 30 hours per week, and hours of occupational therapy count toward this limit.

Occupational Therapy

Medicaid will pay for occupational therapy when ordered by a doctor or other licensed prescriber. Services must be received from a developmental disabilities agency, a hospital, a participating public school program, or a nursing home. Services are limited to 30 hours per week, and hours of developmental therapy count toward this limit.

Physical Therapy

Medicaid will pay for physical therapy services in a doctor's, other licensed prescriber's, or therapist's office, in your home, at a developmental disabilities agency, a participating public school program, or at a hospital outpatient department. Your doctor or other licensed prescriber must order physical therapy as part of a medical treatment plan and must explain why you need it. The limit is 100 visits per year.

You also may receive physical therapy as part of your care while in the hospital or in a nursing home.

Speech and Hearing Therapy

Medicaid will pay for speech and hearing therapy ordered by a doctor or other licensed provider. Services must be received at a developmental disability agency, a participating public school program, hospital, or nursing home. The limit for these services is 250 sessions per year.

Transportation

What Medicaid will pay for:

Medicaid will pay for the most appropriate, least expensive, transportation to a Medicaid service. Most medical transportation must be *approved in advance*.

Medicaid has contracted with Integrated Transport Management (ITM) to review and make determinations regarding requests for

transportation. Their telephone number is 1-800-296-0509. For authorization of non-emergency ambulance transportation, contact EMS (Emergency Medical Service Bureau) at 1-800-362-7648.

Traumatic Brain Injury Services

What Medicaid will pay for:

Medicaid may pay for a number of services through a waiver program if an injury to the brain occurred on or after the age of 22 and needs are serious enough to require placement in a nursing facility (NF). This waiver allows individuals to continue living in their community. To make application, or for additional information, please contact your Regional Medicaid Unit.

Vision Services

What Medicaid will pay for:

Medicaid will cover the cost of one eye examination each 365 days. Medicaid will pay for glasses when you meet certain requirements.

For adults, Medicaid will purchase one set of frames every four years. For children, Medicaid will pay for one set of frames each year. Medicaid offers a variety of eyeglass frames from which to choose.

Contact lenses are not covered, unless they are approved in advance to correct extreme myopia or other medical conditions.

What Medicaid will not pay for:

Medicaid will not pay for adult glasses that are lost or broken.

Vaccinations

What Medicaid will pay for:

Medicaid will pay for immunizations wherever they are provided, including a physician's office, free clinic, or through the local district health department. All clients are encouraged to vaccinate their children and themselves.

YOUR RIGHTS

All Medicaid services are provided without regard to race, color, sex, age, national origin, religion, political belief, or handicap. You may file a complaint about any discrimination with:

Civil Rights Affirmative Action Section
Idaho Department of Health and Welfare
P.O. Box 83720
Boise, ID 83720-0036

RIGHTS TO MAKE MEDICAL DECISIONS

Some Medicaid providers must tell you about your rights to decide about medical care before medical services begin. To help, there is a notice from Health and Welfare that explains your legal rights to complete a “Living Will” and “Durable Power of Attorney for Health Care”. You should read this and discuss it with your doctor or other licensed prescriber.

Let your family and your doctor or other licensed prescriber know your wishes before you become too ill to decide about your medical treatment. Doctors or other licensed prescribers must follow your wishes, but they may decline to treat you.

FAIR HEARINGS

You will be notified in writing if Medicaid is denied or stopped. If you think the action is wrong, you have 30 days from the date the notice is mailed to request a fair hearing. In most cases, your benefits will not change until after the hearing. In some cases, the change may go through before the hearing. Your Eligibility Examiner or Self-Reliance Specialist can explain this.

To ask for a hearing, ask your Examiner or Specialist for a “Fair Hearing Request” form. You also may write to Health and Welfare to state your problem and ask for a hearing. Contact your local office or write to:

Hearings Coordinator
Idaho Department of Health and Welfare
Administrative Procedures Section
P.O. Box 83720
Boise, ID 83720-0036
Fax: (208) 332-7347

During the hearing, you may be represented by anyone you choose, including a lawyer. You may wish to ask about Legal Aid Services.

LOCAL OFFICES OF HEALTH AND WELFARE ELIGIBILITY

Contact your local office of Health and Welfare if you need to apply for medical or financial assistance. An Eligibility Examiner or Self-Reliance Specialist will guide you in this process. Your Examiner or Specialist can explain how the rules apply to you.

American Falls	(208) 226-5186
Arco.....	(208) 527-3461
Bellevue	(208) 788-8928
Blackfoot	(208) 785-5826
Boise.....	(208) 334-6700
Bonnars Ferry	(208) 267-3187
Burley.....	(208) 678-1121
Caldwell	(208) 454-0421
Coeur d’Alene	(208) 769-1456
Emmett	(208) 365-3515
Glenns Ferry.....	(208) 366-7422
Grangeville	(208) 983-0620
Homedale.....	(208) 337-3137
Idaho Falls	(208) 528-5800
Jerome	(208) 324-8144
Kamiah.....	(208) 935-2506
Kellogg.....	(208) 784-1351
Lewiston.....	(208) 799-4320
Malad	(208) 766-4429
McCall	(208) 634-2229

Moscow	(208) 882-2432
Montpelier	(208) 847-1652
Mountain Home	(208) 587-9061
Nampa	(208) 465-8444
Orofino	(208) 476-5771
Payette.....	(208) 642-9041
Pocatello	(208) 235-2900
Preston	(208) 852-0634
Rexburg.....	(208) 359-4750
Salmon	(208) 756-3336
Sandpoint.....	(208) 265-4529
Soda Springs	(208) 547-4317
St. Maries	(208) 245-2541
Twin Falls	(208) 736-2110
Statewide toll-free client eligibility number	1-888-239-8463

REGIONAL MEDICAID UNITS

Regional Medicaid Units manage certain aspects of Medicaid, but they do not determine who is eligible. If you need to work with a Regional Medicaid Unit, contact the nearest office listed below:

Boise Region

1730 Westgate Drive
(208) 334-0940

Lewiston Region

1118 “F” Street
(208) 799-4430

Caldwell Region

3402 Franklin Rd.
(208) 454-0421

Pocatello Region

1070 Hilene Road, Suite 370
(208) 235-2960

Coeur d’Alene Region

1250 Ironwood Drive, Suite 304
(208) 769-1567

Twin Falls Region

601 Poleline Road, Suite 3
(208) 736-3024
or 1-800-826-1206

Idaho Falls Region

150 Shoup Avenue, Suite 19

(208) 528-5750

REGIONAL ACCESS UNITS

Regional ACCESS Units manage programs relating to persons with Developmental Disabilities, but they do not determine who is eligible for Medicaid. If you need to work with a Regional ACCESS Unit, contact the nearest office listed below:

Boise Region

1790 Westgate Drive

(208) 334-0904

Lewiston Region

1118 “F” Street

(208) 799-3460

Caldwell Region

3402 Franklin Road

(208) 454-0421

Pocatello Region

421 Memorial Drive

(208) 234-7900

Coeur d’Alene Region

1250 Ironwood Drive, Suite 204

(208) 765-9625

Twin Falls Region

803 Harrison Street

(208) 736-2182

Idaho Falls Region

2475 Leslie Avenue

(208) 525-7223

HEALTHY CONNECTIONS REPRESENTATIVES

Healthy Connections Representatives can give you more information about the Healthy Connections program, but they do not determine who is eligible for Medicaid. They can be reached at the following numbers:

Boise Region*Ada/Boise/Elmore/Valley counties*

(208) 334-4676 or 1-800-354-2574

Coeur d'Alene Region

Benewah/Bonner/Boundary/Kootenai/Shoshone counties

(208) 666-6766 or 1-800-299-6766

Idaho Falls Region

Bonneville/Butte/Clark/Custer/Fremont/Jefferson/Lemhi/

Madison/Teton counties

(208) 525-7115 or 1-800-919-9945

Lewiston Region

Clearwater/Idaho/Latah/ Lewis/Nez Perce counties

(208) 799-5088 or 1-800-799-5088

Nampa/Caldwell Region

Adams/Canyon/Gem/Owyhee/Payette/Washington counties

(208) 454-7715 or 1-800-494-4133

Pocatello Region

Bannock/Bear Lake/Bingham/Caribou/Franklin/

Oneida/Power counties

(208) 236-6363 or 1-800-284-7857

Twin Falls/Burley Region

Blaine/Camas/Cassia/Gooding/Jerome/Lincoln/

Minidoka/Twin Falls counties

(208) 736-4793 or 1-800-897-4929

Spanish Interpretive Service

(Statewide)

1-800-862-2147

REGIONAL MENTAL HEALTH AUTHORITIES

Regional Mental Health Authorities manage programs relating to people with mental illness, but they do not determine who is eligible for Medicaid. If you need to work with a Regional Mental Health Authority, contact the nearest office listed below:

Boise Region

1720 Westgate Drive
(208) 334-0800

Lewiston Region

1118 "F" Street
(208) 799-4440

Caldwell Region

3402 Franklin Road
(208) 459-0092

Pocatello Region

421 Memorial Drive
(208) 234-7900

Coeur d'Alene Region

2195 Ironwood Court
(208) 769-1406

Twin Falls Region

823 Harrison Street
(208) 736-2177

Idaho Falls Region

150 Shoup Avenue, Suite 19
(208) 528-5706

ADDITIONAL NUMBERS

For transportation by individuals, agencies, or commercial carriers,
call ITM at 1-800-296-0509. For ambulance transportation,
call EMS at 1-800-362-7648.

For approval of specific dental procedures,
call Health and Welfare Central Office at (208) 334-5795.

For approval of certain surgical procedures,
call PRO-West at 1-800-783-9207.

For any other health related question
call CareWise at 1-888-322-9473.

What is Medicaid?

*In Idaho,
medical assistance is
known as Medicaid.*

*Medicaid helps
low-income people by
paying for health
care if they meet
certain requirements.*



**Idaho Department
of Health and Welfare**

HW-0608